

## UNITED STATES DISTRICT COURT

DISTRICT OF

DELAWARE

UNITED STATES OF AMERICA  
V.

## SUMMONS IN A CRIMINAL CASE

WYMAN GUY

Case Number: CR 05-26-UNA

(Name and Address of Defendant)

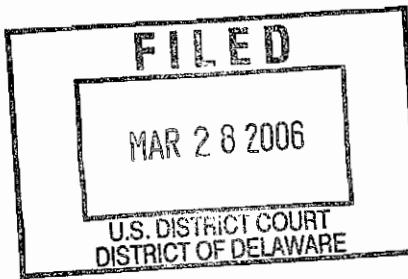
REDACTED

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place	Room			
J. Caleb Boggs Federal Building 844 North King Street Wilmington, Delaware 19801	Magistrate Ctrm # 6C, 6 <sup>th</sup> Floor			
Before: Honorable Mary Pat Thyng, U.S. Magistrate Judge	Date and Time			
	3/30/06 at 1:00 PM			
** Please report to the U.S. Marshal's Service in Room# 100 by 12:00 PM.				
To answer a(n)				
<input checked="" type="checkbox"/> Indictment	<input type="checkbox"/> Information	<input type="checkbox"/> Complaint	<input type="checkbox"/> Violation Notice	<input type="checkbox"/> Probation Violation Petition
Charging you with a violation of Title	18	United States Code, Section(s)	473	

Brief description of offense:

SELLING COUNTERFEIT FEDERAL RESERVE NOTES - ( COUNT I )



700 140 23 A 4552

BY : Peter T. Dalleo; Deputy Clerk  
Signature of Issuing OfficerMarch 21, 2006 at Wilmington, DE  
DatePeter T. Dalleo; Clerk of Court  
Name and Title of Issuing Officer

AO83 (Rev. 12/85) Summons in a Criminal Case

**RETURN OF SERVICE**

Date

Service was made by me

Check one box below to indicate appropriate method of service

Served personally upon the defendant at: Via Cert. Mail

Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was \_\_\_\_\_

Returned unexecuted: \_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned

3-27-06

Date

DW Thomas

Name of United States Marshal

ST Pakey

(by) Deputy United States Marshal

Remarks:

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Florida Mathis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FLORIDA MATHEIS</i> <input type="checkbox"/> C. Date of Delivery <i>WILMINGTON DE</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>MAR 24 2006</b></p> <p style="text-align: center;">RECEIVED MAY 2 1986</p>	
<p>1. Article Addressed to:  <i>Wyman Guy</i></p> <p><i>Wilm, DE 19802</i></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p><b>7004 1160 0006 7939 8166</b></p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
<i>7939 0006 1160 0004 7004</i>	Postage \$ <input type="text"/>
	Certified Fee <input type="text"/>
	Return Receipt Fee (Endorsement Required) <input type="text"/>
	Restricted Delivery Fee (Endorsement Required) <input type="text"/>
	Total Postage & Fees \$ <input type="text"/>
Postmark Here <i>3/23</i>	
Sent To <input type="text"/>	
<i>Street, Apt. No.; or PO Box No. City, State, ZIP+4</i>	

PS Form 3800, June 2002

See Reverse for Instructions